

The *P*REVENTION CONNECTION

N E W S L E T T E R

Preventing a Hijacking

By Roland Mena

Science-based prevention is the concept that by using specific strategies, activities and products, we can impact substance use. This is accomplished by enhancing protective factors, changing community norms and by reducing risk factors linked to substance use. We know that schools, communities and families can create environments in which youth are less likely to participate in risk behaviors and more likely to participate in healthy activities. We know that prevention equals a changed attitude about using alcohol and drugs.

What makes prevention so important is that addiction *always* begins with voluntary behavior. No one has ever taken a drug or a drink *intending* to become addicted. Alan Leshner, Director of the National Institute on Drug Abuse, calls addiction the “hijacking of the brain.” So while addiction begins with voluntary behavior, prolonged drug use actually alters the brain, creating fundamental and long lasting changes in the way the brain functions. What starts as a behavior of choice becomes a behavior fueled by compulsion.

The two biggest barriers to effective prevention in Montana appear—at least on the surface—to be contradictory. The first is our general ambivalence toward the use

of alcohol and tobacco. Many Montanans accept drinking as part of life and therefore do not see the problems that alcohol or the use of other drugs can cause, especially for those we love. We are generally tolerant to the point of denial. The other barrier is that alcoholism and drug addiction carry the stigma of moral weakness and personal failure. It is hard to see someone we care about as an alcoholic or drug addict—a “failure” in life. Until we understand that addiction is a disease of the brain and that social factors contribute to who gets it, we will be caught in this paradox. By really looking and assessing the interplay of personal characteristics and social environments, we can begin to address the core issues that lead to addiction or abuse. Really looking—really seeing—are the keys to creating positive change.

The Chemical Dependency Bureau has been using two tools to create change. The statewide Prevention Needs Assessment (PNA) and Community Incentive Programming (CIP) are helping us implement the risk and protection technology that science tells us will reduce or prevent risk behaviors related to alcohol, tobacco and other drug use. The PNA provides us with the ability to measure attitudes and prevalence of attitudes and behaviors in a given community. The CIP takes the next step by helping communities form coalitions that can take strategic measures to help their communities

address their issues by increasing protection factors and decreasing risk factors. The Community Incentive Programs have gone a long way toward enhancing community awareness that even small amounts of alcohol or other drugs can affect the brains, abilities and potential of our youth. Ultimately, this combination of tools gives us the opportunity to prevent hijackings, create more positive outcomes, and to do it in measurable, responsible, research-based ways.

—Roland Mena is the Chief of the Chemical Dependency Bureau of the Addictive and Mental Dependency Disorders Division of the Department of Public Health and Human Services.

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The Vicki Column

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This is the first in the series of three issues highlighting programs, issues and concerns around the topics of prevention, treatment, and, finally, justice. The themes were chosen because they correspond to the three points of a triangle drawn by the Governor's Alcohol, Tobacco and Other Drug Policy Task Force. Once again, in seeking articles, we cast a broad net, hoping to capture what you're seeing and have learned about what's working in the field. We were delighted with your response. The contents of this issue reflect the thoughts and observations of a broad range of writers, programs and communities.

We are caught in the winds of change, partially as a result of the recommendations made by the Governor's Task Force, and partially because the Interagency Coordinating Council is examining its role and function. But change always presents op-

portunity. A number of models designed to enhance Montana's prevention system are under examination and it's likely that we will see a metamorphosis rise from the 2003 Legislative Session. Rest assured that the Prevention Resource Center is a stable point in a changing system. It will continue to provide community resources – including the web site, hot news, community resource directory and VISTA Program. So stay tuned. Prevention works. We've got a good start and the next steps can only take us to the next level.

Vicki

For more information about the Chemical Dependency Bureau's Community Incentive Program (CIP) noted on page one, please contact Jackie Jandt, CIP Project Coordinator at 406-444-9656.

Notes From the Edge A Father's Story

By Ron Clem

Our story probably isn't much different than that of any other parent who has frequented these forums looking for help for their children. Our daughter Carren had been attending a private Christian boarding high school away from home. Her older sister had attended the same school and had encouraged Carren to do the same. But Carren couldn't adapt to being away from home and opted not to complete her junior year. The high school environment at home was chaotic and inundated with drug and alcohol use. Carren chose—and we agreed—to receive her GED and begin attending the local community college.

These were wonderful times for Carren and our family. She had success, she was working part time and she was enjoying life. Unfortunately, this did not last. Our world changed drastically and we were in no way prepared for what came. Carren was introduced to methamphetamines at her workplace. Within five months, her personality had changed radically. She had

new friends, was failing in school and her criminal behavior had attracted the attention of local law enforcement officers.

I am retired from law enforcement, with narcotics experience. I recognized the pattern. My daughter had become a meth addict. My wife and I searched everywhere for help. The family court system, juvenile probation, local medical treatment facilities . . . we searched for three months, to no avail. Carren was nearly 18, she had a job, she was self-sufficient. This was her "choice." We were advised to wait until she was arrested—just a matter of time. Once that happened, the court system would take over and mandate treatment.

We resigned ourselves to the inevitable. Our daughter would either die from drugs or go to prison. Our grieving process began. We had no hope. Then we read an article in a local newspaper. The story told about a local girl's suicide while on meth. The story shocked us into action and we started looking elsewhere for help. We hired an educational consultant who rec-

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A Father's Story

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ommended a wilderness survival experience as the first step in our daughter's recovery process. But before we could take that advice, we had to locate Carren and then transport her to the facility. This was not an easy task. Our daughter had been on the streets for three months and we weren't even sure of her whereabouts. Then we received a call from our youth pastor that our daughter had attempted suicide. She had survived. She was at our church, had hit bottom and wanted help.

We had our daughter transported to a wilderness survival program where she trudged over hill and dale grasping to regain who she was and to rid her body of drugs. We hired a psychiatrist and independent medical staff to assist in evaluating our daughter. The recommendations were consistent. She needed long-term residential treatment.

For the 21 days our daughter was in the wilderness survival program, we researched programs. We worked with our educational consultant and started with a list of approximately 30 facilities located all over North America. Prices varied from \$1,500 - \$10,000 a month. But every facility we selected refused our daughter. She was too old. She was suicidal. She was an addict. Sometimes they even refused without comment. We were running out of time and needed a program that could and would help our daughter.

Our educational consultant gave us several web sites to research and finally suggested Tranquility Bay, Jamaica, associated with a program called WWASP. She advised us that the school is not inexpensive, that there would be additional expenses associated with treatment and travel. We were told to expect \$3,000 per month and advised that treatment would require at least a year.

The cost wasn't our only obstacle. Due to Carren's age, we had to extend her guardianship to ensure that she would stay at the facility until treatment was completed. Extended guardianship allowed us to make decisions for our daughter. Those decisions, however, were under close scrutiny of the court. We had to hire our daughter her own attorney. We also had to hire an independent observer not associated with the facility in any way. The observer could be a

physician, psychiatrist, pastor or ranking American government official. We opted for the psychiatrist, knowing that our daughter would require extensive counseling over the next several months. The court also mandated that reports about the facility and our daughter's progress be filed with the court on a monthly basis.

We went to Tranquility Bay and found the facility to be clean and professional. The mostly-Jamaican staff is remarkable for their way of life and for the love and dedication they share. The Jamaican people we met are moral and rooted in faith. They provided our child an environment in which to recover her life without abuse, abundance or excess. It is not a resort, a Club Med., or a prep school. It is a facility that requires individuals to review their past and current choices and the outcomes of those choices. The conditions are modest, but no one starves, beats or berates the children. They do, however, require respect, diligence and effort.

We don't relish the thought that our daughter had to go to treatment. We wish she had chosen to be drug free, to complete college, to live a life centered on our beliefs. We certainly wish she had not attempted to take her own life. But our daughter is alive. She has a second chance and we have the opportunity to put our lives back together as a family. I thank God every day for these blessings, and for giving us the opportunity to encourage our daughter back to health.

—Ron Clem, Kalispell, Montana, 406-752-3703

If you have something to add to the upcoming conversation about treatment, please contact Prevention Connection Editor Sherrie Downing with your ideas. (SLDowning@attbi.com)

Interagency Coordinating Council (ICC)

Mission: To create and sustain a coordinated and comprehensive system of prevention services in the state of Montana

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PNA Data Bites

http://oraweb.hhs.state.mt.us:9999/prev_index.htm

Between July 1, 2001 and June 30, 2002, state-approved substance dependency/abuse treatment programs under contract with the Chemical Dependency Bureau served 1,164 youth under age 18. Of the youth served, 69% suffered from substance dependency.

Based upon the Chemical Dependency Bureau's Alcohol and Drug Information System, of the persons (adults and youth) served by state approved programs between July 1, 2001 and June 30, 2002:

- 71.5% report age of first use of the preferred drug at or below age 16;*
- 24% reported age of first use between 13 - 14;*
- 16% reported an age of first use between 10 - 12, and;*
- 7% reported an age of first use younger than 10.*

For more information, contact Pete W. Surdock, Jr., M.S.W., ACSW, Project Director at 444-3964 or by e-mail at psurdock@state.mt.us

Comprehensive Blueprint for the Future: *Alcohol, Tobacco, and Other Drug Control Policy Task Force Report*

Governor Martz and Attorney General McGrath convened a task force in February 2002 charged with:

“Development of a statewide drug control strategy to address the drug and substance abuse and drug trafficking problems of Montanan. This drug control strategy should serve as a comprehensive plan for the coordination of all drug control efforts—including enforcement, education, prevention, treatment and rehabilitation.”

The members chosen for this task force brought vast expertise from the areas of law enforcement, treatment, prevention, Native American interests, state departments, youth court, the Montana State House and Senate, businesses and victim advocacy. They came from rural and urban communities throughout the state. Seven task force meetings were held between February and August 2002 in six communities from Miles City to Kalispell. Public input was solicited and welcomed from more than sixty individuals who provided data, perspectives and recommendations on topics as diverse as the difficulties of treatment delivery in rural areas, the impact of methamphetamine production on rental property owners, and the pressures on the court system to respond to burgeoning drug enforcement indictments.

Parents presented the most gripping and illustrative testimony, bravely sharing stories of children damaged and lost through substance related events. The personal experiences of two task force members provided a recurring reminder that the mission of the task force involved much more than gathering data and grappling with dwindling financial resources.

It became clear early on that the scope of work needed to be segregated into a few distinct categories. This allowed the task force to give proper attention to those areas determined to be of highest priority: prevention, treatment and justice. The products of the Prevention Workgroup are described here.

The Prevention Workgroup relied heavily on existing data from multiple resources, notably the Montana Youth Risk Behavior Survey (Office of Public Instruc-

tion), the Prevention Needs Assessment (Department of Health and Human Services), the Adult Household Survey and State Treatment Needs Assessment Study (DPHHS), the 2000-2002 Montana Board of Crime Control Anti-Drug Strategy, the Native American Substance Abuse Treatment Needs Study, and others. Expertise from state agency representatives provided background and interpretation of the relationships between data and practical application through program administration.

Select Recommendations

The most important recommendation, viewed as critical to improving alcohol, tobacco and other drug control problems in Montana, is to encourage a joint governor/attorney general initiative establishing the permanent position of a “drug czar.” This position would have the responsibility, authority and funding to provide leadership and direction for state prevention, treatment and drug-related correctional programs. Additionally, the position would be responsible for analyzing the impact of alcohol and drugs, informing citizens, and leading intercross-departmental planning for the most effective use of state dollars. The task force agreed that Montana needs to change the focus from being *tough* on crime to being *effective* on crime. We can do that through effective and integrated prevention, treatment and judicial programs, all coordinated through the leadership of a drug czar.

Another key recommendation was to encourage gubernatorial and legislative support for the work of the Interagency Coordinating Council and the Prevention Resource Center. This would be demonstrated by dedicated and sustained financial

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Comprehensive Blueprint

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commitment through the state general fund. The ICC is currently funded principally through annual commitments from DPHHS, the Montana Board of Crime Control, the Office of Public Instruction and other sources. This is an opportunity for the State of Montana to commit to the necessary and serious role of prevention of substance-related behaviors.

It is necessary to seek new revenue opportunities that will fund prevention through options such as increased driver's license fees and increased reinstatement fees for DUI offenders, establishment of an ATOD endowment fund, as well as investigation of revenue options from other fees, fines or registration resources.

We also need support efforts to strengthen Minor in Possession laws, adopt graduated drivers license laws, institute an effective MIP tracking system, and a keg registration law.

Other recommendations can be viewed in the complete document. There are several particularly important recommendations regarding access and availability of treatment services for youth and families.

Throughout the sometimes arduous process of developing the *Blueprint* it be-

came increasingly clear that each of the task force members, irrespective of their constituency or background, was firmly committed to the importance of prevention as the primary path to addressing substance use and abuse in Montana.

The work of the task force is complete; the *Blueprint* was presented to Governor Martz and Attorney General McGrath in September 2002. The recommendations are far-reaching and visionary. Some require legislative and executive action, others speak to community attitudes and tolerance. It is the hope of the task force members that this document and its recommendations will be viewed over time, used as the baseline to assess the commitment of Montana to measurably improving the conditions that affect children, families and communities throughout our remarkable state.

The complete Comprehensive Blueprint is available on-line at www.discoveringmontana.com/gov2/css/ddrugcontrol/default.asp.

—Submitted by Cathy Kendall, Office of Public Instruction and member of the Prevention Subcommittee of the Governor's Alcohol, Tobacco and Other Drug Control Policy Task Force.

Raising Resilient Kids

By Dorothy Bradshaw

"It is up to parents to teach children right from wrong at a very early age—before the age of five even. If we wait until they are teens, we are too late. Discussing values is vitally important for our children—to show we care and to show that human beings have a responsibility to themselves and to each other." —Tipper Gore

W

e live in interesting times. In this age of information, certainty has become a rare commodity. As parents, though, we do know one thing: we want our kids to be okay.

The ability to be okay has a name—psychological researchers have dubbed it *resilience*. Resilience is a trait that helps us deal with difficulty. It helps explain why some people seem to thrive in terrible circumstances, while others are undone by what seem comparatively trivial events.

We want to raise children who are strong enough to deal with whatever the

future holds. Children who, now and as adults, will be able to meet the complexities of life—personal or societal—with a good sense of self and the ability to negotiate life's tricky curves. The risk factors for children are there regardless of family circumstances. But focusing *only* on risk factors is unhealthy for parents and children. Dealing with complexity demands adaptability, judgement, and, yes, morals and values. A recent report shows that teens say morals, values, and/or religious beliefs influence their decisions about sex far more than anything else.¹ So what we teach our kids, how we interact with them, what we



PNA Data Bites

http://oraweb.hhs.state.mt.us:9999/prev_index.htm

The Montana Prevention Needs Assessment Project 2002 of the Chemical Dependency Bureau is the third of three separate youth surveys conducted biannually since 1998. The 2002 survey includes statistically valid responses from 19,585 students across Montana. The information is used to provide an accurate picture of Montana youths' substance use.

"Binge drinking" for purposes of the survey means the individual consumed 5 or more drinks in a single sitting within the past two weeks.

- *Within a two week period in 2002, 25,775 youth between the ages of 12 and 17 engaged in binge drinking.*
- *The number of youth who reported engaging in binge drinking in 2002 declined by 4.25%, when compared to data from year 2000.*
- *In 2000, 30.5% of the youth responding reported binge drinking; and*
- *In 2002, 29.2% reported binge drinking.*

For more information, contact Pete W. Surdock, Jr., M.S.W., ACSW, Project Director at 444-3964 or by e-mail at psurdock@state.mt.us

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Furthering Positive Youth Development

- Encourage and assist children and youth to focus on educational and developmental opportunities leading to lifelong learning.
- Engage youth as full partners in community-building, through active roles on boards and by participating in program design, implementation and evaluation.
- Encourage public awareness of the positive contributions of youth within the community.
- Engage local businesses in establishing mentoring programs, apprenticeships, job training and employment opportunities for youth.
- Spread the word about positive youth development.

Source:

¹ "Toward a Blueprint for Youth: Making Youth Development a National Priority."

<http://www.acf.dhhs.gov/programs/fysb/youthinfo/coverpositveyouth.htm>

Raising Resilient Kids

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share with them—all have an impact on their resilience—on how they will react when faced with difficult decisions.

What follows are a few tips that will help parents nurture their children's strengths, the strengths that will help them negotiate the risk-strewn road to adulthood and beyond.

1. Use natural and logical consequences rather than punishment:

Natural and logical consequences provide a way for kids to learn from their experiences and to develop self-discipline and internal motivation. They also show the advantages of following rules and respecting order. A child who stays out until after the family has finished eating should miss that meal (and be a little hungry as a result). This is a *natural* consequence. *Logical* consequences are created by an adult to fit misbehavior in a logical way. For example, a three-year-old who continues to run into the street must stay indoors for the rest of the day. Punishment that does not "fit the crime" can arouse a child's anger or even cause retaliation, often leading to a power struggle between adult and child. Don't think of discipline as parental control. Ideally, when we discipline our children, we are showing them how the world works. A child who understands consequences only in terms of parental control will be less able to make good decisions as an adult.

2. Use your imperfections: Nobody is perfect, especially not a parent. Don't hide your failings from your kids. Acknowledge and use your failings as opportunities to demonstrate the process of amending errors. When, after 15 minutes of trying to get the sliver out of a screaming, squirming, crying 4-year-old thumb, you lose your temper and scream back—take a breather and then tell your darling you made a mistake. Don't excuse your behavior or pretend it didn't happen—something that children (and adults) often do. Not only do you model taking responsibility for your actions, but you increase the ability for you and your child to communicate about what is happening when strong emotions are expressed.

Another word on imperfection: families and individuals who strive for perfection tend to be rigid. Resilience requires flexibility. It's okay if your kids see your flaws. Show that you accept them, and, when appropriate, discuss how you have dealt with them.

3. Combine strong limits and love:

Studies show that kids of parents who are high in control and high in acceptance (strict but loving) have teenagers who are independent, socially responsible and confident.² Although many teens seem precociously sophisticated, they don't suddenly become full-blown adults at age 12 or 13. Teens need limits, too. Set clear, consistent expectations for behavior, then follow through when these expectations aren't met (with a logical consequence, of course). Parents should apply these expectations to themselves as well. It is easier to enforce rules when you live by them, and you foster integrity in the process.

4. Include your child in decision making:

As appropriate, involve your children in decision-making. As children age, let them help decide on family rules, use of family time or the division of chores. Not only will your kids learn decision-making and negotiation processes, they will also have more buy-in to family expectations. This is also a means of treating your children with respect, and, as we all know, respect breeds respect.

5. Communicate:

Have to say it. Communication is the key ingredient to growing resilient kids. Don't wait until they are teenagers. Start talking to them about their lives now. If your kids feel listened to when they are eight, chances are they'll want to talk to you when they are fourteen. Resilience grows in an atmosphere where one can not only have a voice, but provide an ear as well. Be sure your child knows how to do both.

—Dorothy Bradshaw is a therapist and non-profit consultant with a private practice in Helena, Montana. She can be reached at dorothy.bradshaw@attbi.com.

¹ *With One Voice 2002: Americas Adults and Teens Sound Off About Teen Pregnancy*, available at http://www.teenpregnancy.org/resources/data/pdf/WOV2002_fulltext.pdf

² *Reviving Ophelia*, by Mary Pipher, 1994, Penguin.

Toward a Blueprint for Youth: Prioritizing Positive Youth Development

By Dr. Kirk A. Astroth, 4-H Center for Youth Development
Montana State University



Working with young people is more art than science. Despite heightened demands for programs that are “scientifically-defensible,” in the end, success often hinges on such unscientific intangibles as the quality of the relationship between a young person and the program leader, or the interpersonal chemistry of a particular group of teens. Fortunately, understanding the characteristics of settings that promote positive youth development can help nurture more “artists” adept at working with youth.

What exactly is “positive youth development” and where did it come from?

Let’s begin with the basics: *youth development* is the natural process of developing capacities. Youth will develop with or without us—young people inevitably grow into adults. While development will occur through the course of daily experience, positive youth development is far too important to be left to chance.

Positive youth development occurs from an intentional process promoting positive outcomes for young people through opportunities, relationships and the support needed to fully participate. Youth development takes place in families, peer groups, schools, neighborhoods and communities. *Intentionality* is the key.

Positive youth development programs provide opportunities, relationships and support for youth, helping them acquire the life skills necessary to meet the challenges of adolescence and adulthood. Proven programs use experiential, research-based educational opportunities that help youth become competent, caring, confident, connected and contributing citizens.

Community Programs to Promote Youth Development is a report by the National Research Council that brings together the most current research-based information on the programs and strategies that promote positive youth development.

The release of this report is exciting because it bridges the gap between “youth development” and “prevention.” The

authors recognized that both approaches are valuable and necessary and that, in practice, the distinction between them often blurs. Effective programs can’t focus *only* on preventing negative behaviors.

They also need to promote the positive through youth development. *Community Programs to Promote Youth Development* identifies eight essential features of settings that are conducive to positive youth development. At long last, this report puts the research into perspective, and delineates how to be effective in fostering positive outcomes for young people.

Young people need continued exposure to positive experiences, settings and people, and must have abundant opportunities to gain and refine their skills to acquire and develop assets. These findings also suggest that the more settings adolescents experience that include the eight identified features, the better off they will be. Redundancy of features is good.

Adolescents who spend time in communities rich in developmental opportunities experience less risk and show evidence of higher rates of positive development. Adolescents who don’t experience any of the eight features during daily life are at great risk for developmental delays or for heading down negative paths.

This report represents a milestone in our history that elevates the public discourse about how to improve outcomes for *all* youth, not just those considered to be “at-risk.” This is a volume you really should have on your shelves. For a preview or information on ordering a copy of *Community Programs to Promote Youth Development*, visit: www.nap.edu



the forum
FOR YOUTH INVESTMENT

“Problem-free is not fully prepared nor fully engaged.”

—Karen Pittman, Forum for Youth Investment
<http://www.forumforyouthinvestment.org/>

The 8 Essential Features of Settings that Promote Positive Youth Development

1. *Physical and psychological safety*
2. *Appropriate structure with clear, consistent rules and expectations*
3. *Supportive relationships*
4. *Opportunities to belong*
5. *Positive social norms*
6. *Support for efficacy and mattering*
7. *Skill-building opportunities*
8. *Integration of family, school and community efforts*

Source: *Community Programs to Promote Youth Development*
National Academy of Sciences,
Washington, D.C. February 2002

Research demonstrates that certain features of the settings experienced by adolescents make a tremendous difference—for good or ill—in their lives.

Source cited:

¹ “Toward a Blueprint for Youth: Making Youth Development a National Priority.”

<http://www.acf.dhhs.gov/programs/fysb/youthinfo/coverpositveyouth.htm>

As another measure of how much is changing, youth development has finally been recognized as a unique field of study. A master's degree program in youth development will begin next fall at Montana State University as a part of the Great Plains Interactive Distance Education Alliance (GP-IDEA). This consortium of 10 universities is offering distance-delivered master's degree programs in youth development. MSU faculty are teaching several of the on-line courses, but on-line classes are also available from faculty at Michigan State, University of Nebraska, Colorado State and Kansas State universities. Learn more about the degree program by visiting: www.gpidea.org

Editor's Note: The Comprehensive Blueprint for the Future: A Living Document prepared by the Governor's Alcohol, Tobacco and Other Drug Policy Task Force is a thoughtful—and useful—report. I encourage you to take the time to view it online at http://www.discoveringmontana.com/gov2/content/drugcontrol/FINAL_ATOD_Task_Force_Report.pdf

The Road Less Traveled

By Janet Meissner, Executive Director of the Alliance for Youth

Before I sat down at my desk to begin writing this article, I pulled several binders from my shelves to utilize as points of reference. As I wiped away the dust and the titles of the reports contained within the binders became clear, I wondered about the fate of the *Governor's Drug Policy Task Force Report*. Will this report sit on a shelf and collect dust? Will it be a reference document, paperweight or fire starter? Or will Montana, in a display of its renowned rugged frontier, tackle anything attitude 'take the bull by the horns' and implement the highest priority drug policies and strategies recommended? Looking sporty in my rose colored glasses, I reply, "Of course! What other response is there?"

Then the eternal Montana wind blows and the sky becomes cloudy. The glasses come off and reality glares. Montana, and the nation, are in a time of extreme budget crisis. How can we possibly consider new taxes, redirecting funding streams or increased commitment from the state's general fund for drug control policies and strategies?

My response is *how can we not?* The toll of drug abuse is tremendous in terms of the economy, the social fabric of our society and the health of our neighbors, friends

and families. Investing in effective drug control policies and strategies is sound economic development and guarantees a *much* better return than most stock market investments (even before the market downturn)!

As a member of the Task Force, a parent, a taxpayer, and a professional dedicated to the development of healthy young people, I invite Montana leaders to study the drug policy and strategy road map prepared for them. I invite you to take a trip down 'the road less traveled' and implement the policies and strategies holding the most promise. There may be unforeseen potholes, detours, or, dare I say it, road construction along the route, but the road does lead to a healthier Montana.

In closing, I return to my original musing, "What will be the fate of the Governor's Drug Policy Task Force recommendations?" I don my rose colored glasses and confidently take a step forward onto that road less traveled, knowing fellow Montanans will be on the road with me.

—Janet Meissner was a member of the Prevention Committee of the Governor's Alcohol, Tobacco and Other Drug Policy Task Force. She has an M.S. in Health and Human Performance from the University of Montana and is a Certified Health Education Specialist.

Workshop

Families, Schools, Communities: Connecting the Voices

A statewide conference on Families and Learning will be held in Helena, March 3-5, 2003. It will begin on Monday with a plenary session on A Framework for Understanding Poverty, a seminar built around Dr. Ruby K. Payne's groundbreaking book by the same title. Entertainment will be provided Monday evening by western storyteller Jim Garry.

Full-day and half-day seminars on cognitive coaching, using research-based strategies, developing parent leadership, grant writing, understanding poverty, and developing authentic parent participation will be conducted Tuesday. Tuesday's seminars will be presented by leading educators in their fields including Elaine Meeks, 1998 recipient of the Milken National Educator Award; Luz Santana, co-founder of The Right Question Project and widely respected developer of innovative training programs; and Gloria DeGaetano, nationally acclaimed educator, consultant, author and parent coach. Workshops on family resource centers, using research-based practices, parent involvement in schools and early childhood education will be presented Wednesday morning. Naomi Haynes Griffith, a pioneer on child abuse prevention and a national speaker and consultant on child welfare issues, will present the closing speech, Renewing Our Commitment: Seeing the Work through New Eyes at brunch on Wednesday.

For further information on this conference, contact Chloe Fessler at 406-543-7847.

Braiding It All Together: *Weaving the Tapestry of Coalitions*

By Tim Anderson, LAC Lead Counselor, District II Alcohol & Drug Program

I appreciate the opportunity to share some ideas I have learned along the way . . . after all, we have some *great* ideas and programs. Now—I would like all of you who are reading this to sit down and write a check to me so that we can go forward with those ideas.

. . . *I'm waiting* . . .

Now please refer to Rule 62 of the AA program: *never take yourself too seriously*. In other words, keeping a sense of humor is essential in this business.

This scenario probably seems far-fetched, but oftentimes this is exactly how we operate in coalitions. We ask everyone to come to the table to listen to some great ideas, then ask them to share their resources, often disregarding their history, politics, perspectives and personalities. Then we wonder why our efforts aren't working.

Successful coalitions are more than large groups getting together to solve problems. Real collaboration is about weaving the strands of a tapestry to make a beautiful picture. Individual interaction is essential for effective results. Coalitions are the central strand and framework of the tapestry.

As with any tapestry, when the picture is complete you can't see the framework supporting it. Too many times people think that the collaborative process isn't working because they don't have any programs or projects specifically attributed to the coalition. It should not be the goal of the coalition to solve particular issues, but to partner and network particular people to bring about solutions.

We have had some success in Richland County, not because we've had huge numbers of people turn out for coalition meetings, but because we've identified and partnered "like" programs that share common goals. If you ask most people in Richland County about these programs, they wouldn't realize that the coalition had any part in their development or implementation.

Bottom line, most of the work of the local coalition has been done by a few dedicated people working in the background,

ensuring that the different aspects of politics, perspectives and personalities mesh. This has meant commitment from key agencies and individuals, including Judy LaPan, Administrator of the Richland County Health Department and Jerry Schlepp, Director of District II Alcohol & Drug, both of whom have provided the time and resources necessary for a successful process.

In Sidney, a few of our many active collaborations include:

- Law enforcement personnel, District II Alcohol and Drug, the Tavern Association and high school youth working together to reduce sales and consumption of alcohol;
- The Montana Tobacco Use Prevention Program;
- The Sidney High School Trading Card Program;
- The Montana Abstinence Partnership Postponing Sexual Involvement Program and Richland County Health Department; and
- A collaborative grant that includes the Lambert, Savage, Fairview and Sidney communities geared to providing alternative activities for youth.

One or two of these organizations might be represented at the coalition meetings, but the healthy coalition is the vital strand weaving all of these groups together. In Richland County's *America's Promise*—the Youth Summit Coalition—is the strand that provides the framework for the tapestry.

Our tapestry is not complete by any means, but the results have already been beautiful. Our hope is that our experience can provide one small thread of encouragement as you weave *your* tapestry.

Action Guide

Public Education Network has developed an indispensable guide for community leaders, parents and educators on how to use the No Child Left Behind law to advocate for improved public education. The guide cuts through jargon and clearly explains the law's new requirements for states, districts, and schools. The guide is organized as an easy-to-use professional development tool for administrators and teachers committed to improving student achievement. The guide is available for free download. Single hard copies are also free.

<http://www.publiceducation.org/pubs/pubpreorder/orderform.asp>

MPIRC: Strengthening Montana Families

By Barbara Riley, Program Director

Montana Parent Information and Resource Center Network

WORKSHOP

Born to Learn™ Institute, Prenatal to 3 Years

April 7-11, 2003, Billings, MT

The Montana Parent Information & Resource Center along with the Billings' Young Families program is sponsoring a Parents As Teachers (PAT) training. This comprehensive 5-day training serves as the cornerstone of the Parents As Teachers (PAT) Program. In addition to the "Born to Learn" curriculum, participants receive a comprehensive, research-based guide that includes monthly personal visit plans, guidelines and ideas for group meetings, and all the forms necessary to run an effective PAT program.

Cost per participant: \$475

For more information, contact:

Julie Kucera, MPIRC

406-543-3550

mpirc@montana.com



Our state's prevention programs are broad-ranging and unique in their approach to strengthening Montana families. One effort to link programs and services with a common theme—parent involvement and school/ community partnerships—is in its fifth year of bringing best practices and innovative efforts to the forefront for parents and schools. *Montana Parent Information and Resource Center Network* (MPIRC) provides services through five geographically diverse lead centers across the state. These lead centers—in Missoula, Great Falls, Bozeman, Polson and Billings—offer regional technical assistance, comprehensive training, and/or direct services in one or more of the following areas:

- Provide the Parents as Teachers Program;
- Provide technical assistance and training to school districts (especially low-performing educational agencies or schools) on successful parent involvement strategies, parent compacts, parent involvement policies and school planning and improvement;
- Provide parents with resource materials and strategies to assist in their effective participation in their children's education;
- Continue to develop and/or enhance services for young children and their parents through individual school-based Parent or Family Resource Centers that coordinate and integrate early childhood programs with school-age programs; and
- Coordinate and integrate local and regional activities around parent involvement that are funded through other state and federal sources.

The Missoula lead center, Family BASICS, a project of WORD, Inc., directs the statewide efforts of MPIRC, overseeing and coordinating all lead center activities, housing and managing the web-site, state office technical assistance cadre,

weekly e-mail newsletter, and lending library of books and videos.

Additional network partners include the school districts, schools, agencies and other federal programs that are implementing school-based parent involvement strategies. Those partnering with MPIRC disseminate information, receive training and materials, and/or publicize their efforts through our web-site and printed materials. Last year, 132 schools and countless individuals throughout the state signed up to be part of this network. They receive weekly web-newsletters, regular mailings and updates about trainings and activities. Through their feedback, we've discovered topics of current interest or needs for services that can be addressed on the MPIRC website or through product development.

MPIRC also provides activities that compliment the work of the lead centers with a focus on training and professional development: workshops for teachers and school administrators; parent training on issues relating to their children's educational success. All are available at the request of schools, communities or agencies. The rural outreach component integrates these efforts with individual technical assistance offered to schools or communities. For those ready to build capacity for center-based parent involvement programs, we have established a new AmeriCorps Program, *Western Montana Literacy Support Corps*, through which members help start FRCs in schools and community settings.

Statewide partnership efforts are an integral part of the work undertaken by members of the MPIRC Advisory Board, a committee that meets twice yearly to guide the MPIRC statewide agenda on parent involvement. For 2003, an Early Childhood Literacy public awareness campaign is being planned by the school officials, federal program staff, parents and community members who make up the advisory board.

Prevention takes many shapes. In this case, the combination of direct services to parents paired with information and training to schools and communities on the value of parental involvement leads to knowledgeable and effective families.

Keep Our Children Alcohol Free

By Jeanne Koester, Missoula Forum for Children and Youth

Throughout a decade of changing names and organizational structures, the Missoula Forum for Children and Youth has pulled together agencies serving children and families to promote community collaboration for prevention.

In 2001, a Forum subgroup, the Missoula Underage Substance Abuse Prevention Team (MUSAP), decided to take a hard look at the big picture of community policy and practices on underage drinking. MUSAP meetings became microcosmic debates on this culture's mixed messages to young people. Part of the problem, the group concluded, is our failure to separate drinking by older teens and 20 year olds from drinking by children and young teens. The entire community, they felt, could agree that middle school children should not be drinking.

With support from United Way, over several months, MUSAP facilitated a broadbased community dialogue on drinking by children 14 years and under. Through the *Keep Our Children Alcohol Free Project*, MUSAP convened discussions and interviews with leaders from Missoula's human service and treatment agencies, schools, law enforcement and courts. The project surveyed hundreds of youth and parents, with a focus on those considered to be at highest risk.

The group's hope was twofold: to identify a shared public policy on young drinkers; and to form consensus on strategic roles for key community sectors. After multiple drafts and meetings, a Missoula community policy on drinking by children 14 years and under and provides ethical guidelines for parents was created. It embraces specific strategies to get Missoula working together, proactively voicing and enforcing strong community and family standards that will make Missoula a safer place to raise children.

In addition, MUSAP engaged in a massive effort to educate Missoula parents about risk and protective factors through the production and network broadcast of the Montana Family Show starring John Sommers-Flanagan. Two half hour programs use a fast-paced talk show format, music, skits, youth and expert panels—and

humor—to provide high quality guidance to parents of older children and teens. One program focuses on *Family Communication*, the other on *Teens and Alcohol*.

Last year's community planning moved to the implementation phase this year. MUSAP's many partners are working:

- To produce fact cards for parents of middle school children. Following the model of the Ohio media campaign *Parents Who Host Lose the Most*, Missoula's cards will emphasize the new community policies and guidelines. Parents also will receive the National Leadership to Keep Children Alcohol Free booklet, *Make a Difference: Talk to Your Child About Alcohol*.
- To create a "Party Buster" hot-line to encourage reporting of underage drinking parties and older teens and adults who supply alcohol to young people.
- To draft a form letter that County and City law enforcement members can send to those suspected of supplying alcohol to children, in cases when prosecution is not possible. The warning letter will include information about Montana's civil and criminal liability and the range of risks involved when young people drink.
- To develop a community referral flyer providing parents with information about funding screening, chemical dependency assessment and treatment services for their children. Missoula's four alcohol education, intervention and treatment programs are collaborating to provide Missoula courts, schools and parents with comprehensive information for responding to children who drink.

Missoula County Public Schools recently received a U.S. Department of Education grant to fund the Forum, and specifically MUSAP, in efforts designed to lead a similar environmental project focused on high school drinking. This year, too, the University of Montana is providing leadership within MUSAP to begin examining the problem of college-age drinking in Missoula.



Montana's most recent Prevention Needs Assessment shows Missoula students reporting one of the state's highest rate of alcohol use. Missoula's political, human service and community leaders are working together through the Missoula Forum and MUSAP to look more deeply at cultural and community influences that contribute to these findings. The next step will be to undertake broadscale community responses to address them.

For more information on the policies, guidelines and strategies discussed in this article, see: www.missoulaforum.org under MUSAP.

Key protective factors promoting resiliency

- Having a caring and supportive relationship with at least one person.
- Communicating consistently clear, high expectations to the child.
- Providing ample opportunities for the child to participate in and contribute meaningfully to his or her social environment.



It Takes a Community

By Elaine Meeks

It takes a whole community to raise a healthy child is the guiding principle of the Polson Partnership Project at Cherry Valley Elementary School. Cherry Valley includes approximately 280 students in preschool through fourth grade. Approximately 38 percent are Native American and 53 percent qualify for Free and Reduced Lunch. The Polson School District is one of five districts on the Flathead Indian Reservation, home of the Salish and Kootenai Confederated Tribes. Since established in 1993, the project has expanded to include students and families from Linderman Elementary and Polson Middle schools.

The project was conceived as a collaborative concept by a broad base of school personnel and key stakeholders from the community. The goal was to ensure success for all students. Despite the fact that Cherry Valley implemented a child-centered, continuous progress curriculum, many students were not achieving success. In looking at the specific needs of these students, major issues emerged: poor attendance, behavior issues, unmet health needs, lack of parental involvement, cultural discontinuity between the family and school cultures. There was acknowledgement that this constellation of factors often lead to issues with drug and alcohol use, increasing disengagement and failure at school that culminate in drop-out as well as potentially violent and illegal behaviors. For these reasons, the project began as a school-based prevention/early intervention program for children and families.

From the outset, it was critical to the success of the project that in meeting the needs of the children and families, services would be inclusive, available to all, and fully integrated as part of the school program. The project design is based on systems and attachment theories, as well as risk and resiliency factors. The school community is a system, the classroom a sub-system. Attachment and bonding to a

consistent caregiver is vitally important to healthy emotional development during a child's early years.

Project activities were developed to create conditions for bonding and attachment, as well as to enhance protective factors for the children and families in the school community. Over the years, the following components of the Polson Partnership Project have been developed and sustained.

Family Involvement: There are many opportunities for families to be involved in the school community. *Family Fun* activities have resulted in a significant increase in parent involvement in

When children and families feel trust, attachment, and a sense of belonging to the school community, it is most likely that students will succeed academically and socially.

all aspects of school programming. These occur in the evening, on Saturdays and during the school day. Many family activities are offered at the school and in the tribal communities of Turtle Lake and Elmo. Cherry Valley has a Family Center within the school where numerous family-oriented and parent education activities take place.

Bridging Cultures: Culturally responsive curriculum is integrated through significant professional development and collaboration with the tribal community. This includes native language instruction. The project sponsors cultural arts activities in all schools as well as an annual Celebration of Families Pow Wow each spring.

School-based Child and Family Support: Child and Family Resource Partners in each school offer academic support by teaching and modeling pro-social behaviors, supporting home-school communication, and by linking families with community resources and services.

Alcohol, Drug and Violence Prevention: A Prevention/Intervention Specialist coordinates drug, alcohol and violence prevention education throughout the district. This includes training high school students and parents to implement prevention education in the elementary schools. The specialist also collaborates with community agencies and implements interven-

Continued on Page 13

It Takes a Community

Continued from Page 12

tions for students identified as having issues with drugs and alcohol.

Early Learning: Family literacy, and child abuse and neglect prevention are the key objectives of the early learning component *Little Cherries* and *Lindy's Learners*. These free, weekly, interactive early childhood literacy sessions are offered for 3-5 year old children and their caregivers. *Roll and Tumble with Cherry Blossoms* is for caregivers and children 18 months through age 3. Providing parent education while creating a supportive environment in the school make these offerings very popular and well attended.

From the outset, the project has been funded primarily by a number of grants. Sustainability has been a major challenge as the project has developed, and a comprehensive after-school program had to be discontinued this year due to lack of funding. Currently, the project is funded through

grants from the Montana Children's Trust Fund, Montana Parent Information and Resource Center Network, Title 1, Title IV and a district adult education mill levy.

Regardless of the funding challenges, the project has helped develop school cultures focused on strengths and a shared commitment to the success of all students. Over the years, the Polson Partnership Project has documented success in achieving the goals of increasing parental involvement, reducing the incidence of youth substance abuse, youth violence, child abuse and neglect, and increasing pro-social behavior, school success and overall family and community health. Efforts to increase student achievement are evident: Cherry Valley was named Montana's Title 1 Distinguished School in 2002.

—*Elaine Meeks is the Polson Partnership Project Administrator, and has been since it began in 1993. She is also the Principal of Cherry Valley School and the Title IV Director for the school district.*

Prevention Resource Center VISTA Update

Prevention Resource Center VISTAs (Volunteers In Service To America) are making a huge difference for Montana's communities by helping them develop local prevention strategies. They mobilize resources, link agencies, write grants and garner donations from local businesses and organizations, organize community events, and obtain resources to initiate, expand and sustain project activities.

Since inception, the PRC has sponsored a total of 154 VISTAs throughout the state. Currently, 30 VISTAs from all across the United States are serving in 16 Montana communities.

Over the 2000-2001 biennium, PRC VISTAs generated numerous resources for Montana communities, including:

- Raised \$592,575 in cash and \$128,082.72 of in-kind resources;
- recruited 1,977 volunteers;
- facilitated 633 cooperative partnerships;

- developed 204 public relation plans and newsletters and 47 computer systems;
- provided 219 hours of volunteer training session and one parenting program;
- recruited 43 mentors and 24 tutors; and
- trained 333 individuals in sexual abuse/rape counseling.

—*For more information, visit www.state.mt.us/prc*



PRC VISTA Honor Roll

Erin Babb
Helping Hands, West Yellowstone

Beth Bondy
Hill County Mentoring, Havre

Karin Brown
Alliance for Youth, Great Falls

Jamie Bussiere
Tobacco Free Missoula

Cathy Cooke
Boys & Girls Club of the Flathead
Reservation, Ronan

Carrie Croucher
Libby Community Interagencies

Mary Hoeffel
Youth Taking Flight, Missoula

Bobbi Hughes
Women's Resource Center, Glasgow

Regina Hughes
Hardin Boys & Girls Club, Hardin

Stephanie Ironshooter
Montana State University, Billings

Nicole Kennelly
Townsend Social Services, Townsend

Cathy Kirkpatrick
Glendive Medical Center, Glendive

Brian Lewis
Helena Indian Alliance, Helena

Erin Mahar
Evergreen Junior High School, Kalispell

Aaron Mayernik
Montana Head Start State Collaboration,
Helena

Maureen Mitchell
Big Brothers/Big Sisters of Helena, Helena

Carol Moran-Patton
Big Brothers/Big Sisters of Flathead,
Kalispell

Rhea Papke
Prevent Child Abuse, Bozeman

Joshua Pennel
Montana Board of Crime Control, Helena

Elrae Potts
Tobacco Free Ravalli, Hamilton

Beth Roberts
Social Norms Marketing, Bozeman

Becky Ruth
Montana Head Start State Collaboration,
Helena

Andrea Simon
Violence Free Crisis Line, Kalispell

Susan Smaka
Butte School District #1, Butte

Shannon Stober
HRDC/Turner Youth Initiative, Bozeman

Laura West
Ronan Big Brothers/Big Sisters, Ronan

PRC VISTA Leaders
Mary Asbach & Kelly Backhaus
Prevention Resource Center, Helena

The Cigarette Tax: A Cash Cow for Montana?

By Eric Aakko, Montana Tobacco Use Prevention Program

Prevention Works

States with comprehensive tobacco prevention programs are reducing smoking, saving lives and money.

Florida cut high school student smoking by 47% between 1998—2001.

Oregon cut 8th grade smoking by 41% between 1996—2000.

Massachusetts and California are saving up to \$3 in tobacco-caused health care costs for every dollar spent on prevention.

http://www.lungusa.org/press/tobacco/tobacco_072202.html

For more information, contact Georgiana Gulden at the Montana Tobacco Use Prevention Program at ggulden@state.mt.us.

Historically, governments have considered superfluous products—like tobacco and alcohol—cash cows. The taxes levied are easy to administer and bring additional revenue into government coffers. In Montana, the debate has begun on whether or not to raise the cigarette tax—and if so, by how much.

Neighboring states, including Wyoming, are eyeing increased tobacco taxes, not only as a way to raise revenue, but for their public health benefits. Research from Canada and the U.S. has found an inverse relationship between tobacco prices and demand—when the price goes up, demand does down. In fact, research demonstrates that when the price of cigarettes is increased by 10 percent, overall demand decreases by 4 percent.¹

In Wyoming, the Joint Labor, Health and Social Services Committee agreed to back a bill in the upcoming legislative session that would raise the cigarette tax from 12 to 60 cents per pack. The proposed tax measure is seen as a way to discourage youth smoking while funding children's health insurance programs and other Wyoming health care expenditures. Last January, Washington State raised its cigarette tax from 83 cents to \$1.43 per pack, and used the increased revenue to fund various state programs.

Research shows that rather than decreasing consumption among youth, high cigarette prices actually discourage smoking initiation.² Another argument for increased tobacco taxes is a user fee for smokers, meaning that since smokers traditionally have greater health care costs, they should pay a fee to offset the costs associated with smoking. For example, in 2002 the annual health care costs in Montana directly attributed to smoking were \$216 million, with Montana Medicaid paying out \$52 million in smoking-related expenditures.³

Proponents of increasing the tobacco tax argue that an increased tobacco tax

would help offset smoker's medical costs, encourage adult smokers to quit and reduce youth initiation. Others suggest that while states face escalating health care costs, a significant increase in tobacco taxes might allow smokers to actually pay their way.

Montana's tobacco tax is one of the lowest in the nation, at 18 cents per pack. In the northwest region of the U.S., Montana also has one of the lowest tax rates. Presently, the Protect Montana Kids (PMK) advocacy group in Montana is calling for a \$1.50 per pack increase. Their projections, based on estimates of a \$1.00 per pack tax, show that \$60.6 million in new cigarette taxes would be collected annually, up from approximately \$11 million. Additionally, PMK estimates that \$173.6 million would be saved in long-term state health care costs as a result of reduced smoking

(based on lifetime savings of adult smokers who quit and youth who don't start). With the 2003 legislature facing a huge budget shortfall, including increased medical costs, a tax increase—or user fee—could help patch the budget shortfall. An increased tobacco tax could also prove to be a dramatic public health benefit. Ultimately, the 2003 Montana Legislature will have to decide if an increased tobacco tax is indeed a cash cow.

Economists describe the quantitative relationship between price and demand as price elasticity.

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- ² — Zimring, N (1995). Cigarette taxes as cigarette policy. Tobacco Control, 4 (supplement 1), 525-533.
- ³ — Campaign for Tobacco Free Kids. Retrieved on December 23, 2002 from: <http://www.tobaccofreekids.org/reports/settlements/TobaccoToll.php3?StateID=MT>

Indians and Civic Engagement: Where Do We Fit In?

By Stephanie Iron Shooter

As I sat at a banquet dinner for the Governor's Conference on Civic Engagement this past year and listened to Leslie Lenkowsky speak on "Americanism" and the "founding fathers," I gazed around the room to see where all the Indians were. In my own lonesome reality, I found only one, a nice Indian gentleman who sat right next to me. Then certain words and phrases began to linger in my mind as I distantly listened to Dr. Lenkowsky and watched the Governor, such as . . . *savage, reservation, genocide, drunken Indian* . . .

I did not ponder these thoughts lightly; this was only a preface to what lay ahead. As the minutes passed, I wondered where I fit into all of this . . . civic engagement? Was I really proud to be an "American?" I am certainly proud to be Lakota. Questioning my own place in this world at this moment was disheartening, however real. I wanted to stand up and scream to Mr. Lenkowsky, what about me? What about my people? What about our history? Do you not remember these words, ". . . barbarous, uncivilized, Godless . . . we were given the power, by the king, to, in any way necessary, overcome, and force our God onto them . . . if they resist, it is their fault that death is attained . . ." (d'Errico, 1997) This is how this country was founded. To not recognize this is closing the door on the true meaning of acceptance, forgiveness, openness, and growth to be "American."

With each hollow word of the speaker, I increasingly became overcome with fear and sorrow. I looked around the table where I was sitting and to my left I saw a white woman with the blondest hair you could imagine looked at me with sympathy and quiet, unspoken understanding. Later, wandering the carpeted halls of the convention center, I slumped into a chair, some lone chair in the corridor, and found the PRC VISTA Project Coordinator. I looked up at her and weakly tugged at her skirt. She looked down at me and we began to talk about how alone I felt and if I was supposed to be here. She grasped at

OPINION

how to let me know in her "it'll be all right," mode that I was in the right place and I do have something to offer. Then I heard the whisper of my ancestors saying, "This is your chance, one of many, where you can show them who you are, where you come from and how the many centuries of suffering by Indian's will not have been done in vain!" So, bootstrap and all, I hastily pulled myself up from that chair with a newfound hope, hope that there are people who understand the history, the suffering, and are willing to continue trudging this road to wellness.

My supervisor, the small white woman sitting next to me, helped me sort through this brief but powerful awakening, and realization, through encouragement. She reminded me of what it is to be civic in a country with such a tainted past, and this involves spirituality, or God, or the Great Spirit, or a higher power. I took this position as a Volunteer In Service To America, after reaching deep within myself as to "why" I would do such a thing. I remembered...with the smell of sweet grass burning, I remembered. I got down on my knees and prayed, I asked for the strength to see this through and be a true blessing to everyone I encounter, however painful or challenging. With this, I end with a message. Hope, happiness, faith, and love, come from within us all, this is why I am here, to share a simple promise, that I will do my best to understand, accept, and validate you. In the face of reciprocity, I hope you will do the same for me.

—Stephanie Iron Shooter is an enrolled member of the Fort Belknap Gros Ventre Tribe, and a PRC VISTA.

Slowing the Revolving Door

Research reports two main reasons families move—family instability and lack of available, safe, and affordable housing. Experts cite a strong correlation between poverty and the risk of academic failure, and a strong correlation between poverty and frequent mobility. This article outlines a few family involvement strategies schools can use to provide stability and support for highly mobile children.

<http://www.ascd.org/readingroom/edupdate/2002/200211/varlas.html>

An Excellent Training Opportunity

Utah's 1st Drug Endangered Children Conference
March 27-28, 2003
Salt Lake City
<http://www.ci.slc.ut.us/police/community/decc1.pdf>

Prevention at its Best: *The Boys and Girls Club of the Hi-Line*

By Robin E. Morris, Executive Director



Boys & Girls Clubs of America

An Ounce of Prevention

It takes money to run a Boys & Girls Club—on average, about \$200 per youth per year. But consider the alternative: keeping a young adult in jail costs taxpayers anywhere from \$25,000 to \$75,000 per year. Boys & Girls Clubs—a proven delinquency prevention program—are one of the best bargains in America.

SOURCE: <http://www.bgca.org/whoware/facts.asp>



The HELP Committee (Havre Encourages Long-Range Prevention), has actively engaged in preventing alcohol, tobacco and other drug-abuse for 24 years. During that time, approaches, theories and strategies have shifted dramatically. We are proud to have played a part in shaping local, regional, state and even national prevention initiatives.

Most recently we were represented on the Governor's Alcohol, Tobacco and Other Drug Control Policy Task Force. This provided yet another opportunity to share lessons learned—and to learn lessons from others in this and related

fields. It was exciting to note that many in the prevention arena are moving toward direct services as opposed to ancillary services. As we have learned, young lives are better affected by comprehensive, multi-faceted programs offered over time. It also helps when those programs are delivered by caring adults.

A little over a year ago, the HELP Committee, based in Havre, was approached about opening a Boys & Girls Club. To take a few steps backward, the HELP Committee, founded in 1979, focused on education related to the prevention of alcohol, tobacco, and other drug abuse. While many programs served area youth, services were generally channeled through the schools, special programs, media campaigns and summer camps. The proposition to open a Boys & Girls Club led to a myriad of additional questions, meetings and soul-searching among those involved. We knew that a “yes” would change the mission of the HELP Committee forever.

Havre is a town known for its ability to get down to action. Within two weeks of being asked, the answer was “yes.” It was time for a Boys & Girls Club. The HELP Committee, a long-standing not-for-profit corporation, would lead the charge by obtaining a name change and by leas-

ing a recently closed elementary school from Havre Public Schools. The corporation's name was changed to the HELP Committee and Boys & Girls Club of the Hi-Line, and the process of chartering with the Boys & Girls Clubs of America began. Start-up funds were provided by the Office of Juvenile Justice and Delinquency Prevention.

Several local organizations had previously attempted to open youth centers, but for one reason or another, the programs didn't get off the ground or were short-lived. The key difference this time around

was the HELP Committee, its staff, and its relationship with Havre Public Schools. Additionally, HELP was poised to partner with the nationally recognized Boys & Girls Clubs of

America. HELP believed that their experience and community standing could only be strengthened by partnering with a national organization already in the “business of serving youth.”

The goal was to open the club July 1 and to serve 200 youth (ages 6-18) within the first 18 months. We more than met our goal—the program took off like wildfire! We had already served 200 youth within the first six weeks. We are now serving 555 children aged 6-18!

We realize that the pool tables, air hockey, computer games, gymnasium and craft projects got the kids to come, but quality staff and programming brings them back. The Club provides programs in the areas of character and leadership development, educational enhancement, career preparation, health and life skills, the arts, and sports, fitness and recreation—all assets (and protective factors) that will help them make better decisions as they grow into productive, responsible and caring citizens.

—Robin Morris was the Chair of the Prevention Committee of the Governor's Alcohol, Tobacco and Other Drug Policy Task Force.

Our most recent prevention approach involved the opening of the Boys & Girls Club of the Hi-Line. It truly incorporates all of the components needed for an effective youth prevention program.

Boys and Girls Club of the Northern Cheyenne Nation

By Rick Robinson

In June 1993, the Boys and Girls Club of the Northern Cheyenne Nation embarked on a dream of serving all local children—and specifically Northern Cheyenne Tribal youth—with after school and weekend programs. The Lame Deer based club was one of the first three non-profit Boys and Girls Clubs on Native American Lands in the country. Now, nine years later, there are at least 134 established Native American clubs serving over 80,000 members, most of whom are ages 6-18. Every reservation in Montana and Wyoming has a local Boys and Girls club, providing a myriad of prevention programming in safe, fun places where kids can go after school.

—The Northern Cheyenne Boys and Girls Club serves 860 youth in two clubs. The main club is in Lame Deer; the second is in Ashland on the St. Labre Indian Mission grounds.

Challenges

One of the main challenges to any non-profit program is in keeping a consistent level of funding coming in. This can be particularly difficult for those serving some of the most improvised, isolated and underdeveloped communities in Montana. In the past, the scenario has often included funding from a single-source grant that would last from one to three years. New, untrained people would come on with the best of intentions. As staff, they were high on motivation, wanting to put their arms around children they knew and cared about, while frequently placing little emphasis on grant management, accounting set-up and procedures, training, planning and evaluation.

Programming ranged from attempting to do too much too soon—often due to promises made by enthusiastic grant writers—to minimal programming delivery by staff who lacked the skills and knowledge to run effective programs. This led to programs diminished to intermittent activities and a narrow focus on clientele.

All too often, the grant cycle came to an end with no forethought given to program evaluation, data collection, forward-looking planning or sustained funding. Not wanting the program to fold, heroic efforts

were often made by staff and even youth, who volunteered their time, money and other resources. Many eventually reached the point of complete burnout. The program closes, equipment is dispersed and kids are left with next to nothing to do and a developing feeling of mistrust of what their community could provide.

What works

Boys and Girls Clubs on Indian reservations work, and they are reframing the picture of youth development and non-profit work on reservations. Mr. Daniel N. Lewis, the Navajo Chairman of Boys & Girls Clubs of America's (B&GCA) Native American National Advisory Committee believes that B&GCA's success in Indian Country can be attributed to the following factors:

1. B&GCA's proven experience and programs in serving youth for more than 140 years.
2. The successful collaboration of Native American communities, tribal governments, the federal government and corporate organizations.
3. The continued focus B&GCA has delivered to provide culturally appropriate programs, training and resources to Indian Country, Hawaiian Homelands and Alaska Native villages.

For more than 140 years, the Boys & Girls Club experience has positively affected America's young people, with an emphasis on providing valuable programs and services to youth from the most challenging economic and social backgrounds. In fact, Boys & Girls Clubs of America's mission is to inspire and enable all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens.

Given the specific challenges facing Indian youth, reaching out to Native American young people is a natural fit with B&GCA's mission.

—Daniel N. Lewis

—Oversight Hearing on Problems Facing Native Youth, August 1, 2002



Mr. Lewis's assessment is exactly right, particularly from the broad, overall perspective provided by the involvement and commitment of the fastest growing, most comprehensive national youth development organization in the world. The Boys and Girls Clubs of America has 140 years of experience to offer local clubs in areas ranging from financial management and board development to organizational evaluation and programming that is strategy-based, tried and proven. The help provided by the national organization and a network of over 3,000 clubs nationwide also contributes to success because every club is ready and willing to help other clubs.

Programming is the heart of the local Boys and Girls Club. That's what the kids and community see, and yet there is much more involved in maintaining a healthy organization. At the local level, success comes from paying attention to youth programming as well as to the many elements of running a non-profit organization. But ultimately, facility and staff-based programming dedicated exclusively to youth equals unparalleled prevention outcomes in any community—and especially in isolated, underdeveloped Native American communities.

—Rick Robinson was a member of the Prevention Subcommittee of the Governor's Alcohol, Tobacco and Other Drug Control Policy Task Force. Mr. Robinson is the Executive Director of the Boys and Girls Club of the Northern Cheyenne Nation.

Safe Kids/Safe Communities: *The First Year*

By Patty Carrell, State Coordinator, Healthy Mothers, Healthy Babies



Healthy Mothers, Healthy Babies—the Montana Coalition, has just concluded the first year of its newest statewide project, *Montana Safe Kids/Safe Communities* (SKSC).

Now well into the second year of work, it is satisfying to take a look back at the accomplishments of 17 local SKSC Coalitions scattered throughout Montana and focused on Alcohol and Drug Impaired Driving Prevention and Occupant Protection.

One of the most gratifying aspects of this project is the great success of the *true* community-based coalition. We believed in the premise that when major stakeholders within any community have a vested interest in the work being proposed and decide to pool their resources to work together, anything is possible. Our belief proved to be true.

The premise in action has exceeded our greatest expectations. City fire departments, emergency medical services, city police departments, county sheriff's offices, county health departments, auto insurance companies, auto dealerships, hospitals, child care resource and referral agencies, Montana Highway Patrol stations, court justices, public school districts, local American Red Cross offices, YMCAs, Head Start and WIC offices (. . . and the list continues to grow) have all expressed interest in making Montanans safer on the roads. They've also found many ways to accomplish this . . . together.

Perhaps the best explanation for the success SKSC has had is that it has something for virtually everyone. Those interested in child injury prevention, youth alcohol and drug impaired driving prevention, raising awareness about the benefits of wearing seat belts and proper child restraint or explaining the dangers of driving while impaired will all find a home here.

Some projects are involved in carseat checkups where 4-day trained, certified Child Passenger Safety (CPS) technicians do inspections and installations. Some are involved in providing the actual CPS training. Law enforcement agencies provide special services that enable the SKSC Coa-

litions to include activities such as DUI and seat belt enforcement and youth alcohol sales monitoring in their annual work plan. Public school officials invite SKSC members to come into the elementary schools to provide occupant protection education and into middle and high schools to provide alcohol and drug impaired driving prevention education, as well as occupant protection information.

An important part of the project is the free information packets supplied to the coalitions by the HMHB Public Education Clearinghouse. The packets are distributed by the thousands at community and county events and agencies throughout the state.

Some of the many methods local SKSC Coalitions use to impact their communities and counties include:

- Seatbelt use observational surveys;
- Child safety seat fitting stations;
- Child safety seat rental programs;
- Mock crashes;
- Seatbelt convincer demonstrations;
- National mobilization campaigns that support seatbelt and DUI enforcement;
- *Most of Us* media campaigns; and
- Live "radio remotes" promoting child safety seat checkup events.

This project is funded by the Montana Department of Transportation from appropriations through the National Highway Traffic Safety Administration

—For more information about Montana Safe Kids/Safe Communities and a listing of local coalitions and contact information, see our website at www.hmhb-mt.org, contact Patty Carrell at pattycarrell@hotmail.com or Mike Cooney at mcooney@hmhb-mt.org or call 449-8611.

A 30-minute, in-school video program, *Make the Right Call*, features nationally recognized, former critical-care flight nurse Barbara Babb, R.N. Ms. Babb presents a factual, compelling case describing the consequences of teen drinking and drunk driving. The video also encourages students to make responsible, safe decisions. Call Patty Carrell, Montana Safe Kids/Safe Communities Coordinator at 406-449-8611 to find out how you can get this video for your community.

Prevention, Intervention and Treatment: *Faith-Based First Responders*

By Dave Young

The faith community is a significant thread in the fabric of the social services safety net, helping promote healthy lifestyles, reduce socioeconomic disparities and mitigate the impact of illness, disease and disability. On many occasions, the faith community has been the silent first line of defense in addressing hardships through prevention, intervention and treatment. This tripartite assistance runs the full spectrum of social services and includes activities that range from providing space for AA meetings and sponsoring health fairs and blood drawings to assisting single mothers, foster children and others suffering from physical, financial, emotional and mental trauma.

Montana's faith community recently joined hands with the health care establishment and other health care advocacy groups to form the Montana Faith-Health Cooperative. The impetus grew from collaboration between the Montana Association of Churches and the Montana Office of Rural Health in year 2000, when the organizations worked together on a Rural Crisis Outreach Grant entitled *Seeds of Hope: Revitalizing Rural Montana*. The Cooperative was officially formed in June 2001 and is currently directed by a 15-member steering committee representing a diverse group of faith and health interests. The mission is to foster and promote productive faith-health partnerships across Montana designed to improve the holistic health and social well-being of Montanans and their communities.

In September 2002, the Cooperative was one of 21 awardees in the nation to receive support from President Bush's Compassion Capital Fund Demonstration Program (<http://www.whitehouse.gov/government/fbcf/>). The overall goal of the Montana Faith-Health Demonstration Project is to enhance and expand the role of Faith-Based Organizations (FBOs) and

Community-Based Organizations (CBOs) in providing health and social services to the underserved and most needy individuals and families across Montana.

For this project, *social services* are defined as those prevention, intervention and treatment services provided to individuals and families who need assistance in maintaining or achieving their full potential for self-sufficiency and healthy independent living. These services promote and protect the physical, mental, spiritual, social and economic well-being of individuals and families. They offer hope, healing, holistic health and social well-being through acknowledgment of the inherent worth of every individual and the significance of healthy relationships.

The Montana Faith Health Cooperative will make sub-awards to others working in the areas of faith and health, as well as provide technical assistance to Montana's FBOs and CBOs. Additionally, this project will support, in part:

- Parish Nurse and Congregational Health Minister training through the Parish Nurse Center, Carroll College;
- Continuing Education through the Northern Rockies Institute of Theology;
- Prisoner-Community Re-Entry through Teach, Encourage, Assist and Model (T.E.A.M.) Mentoring, Inc.

—For more information, visit <http://faithhealthcoop.montana.edu> or call 406-994-5553.



FBOs and CBOs: *Defining the terms*

FBOs – Faith Based Organizations—must be connected with an organized faith community. They are based on a particular religious ideology and draw staff, volunteers or leadership from a particular religious group.

CBOs – Community Based Organizations—are neighborhood, grassroots types of organizations that emerge from the community to address community needs.

For more information, see http://www.etr.org/nsr/pdfs/faces/F_Definitions.pdf

According to the National Highway Traffic Safety Administration:

- In 2001, 104 persons were killed in Montana in alcohol related crashes, which represents 45% of all fatalities. The national average was 41% in 2001, up from 38.3% in 1999. In 1999 and 2000 the percentages in Montana were 47% and 46.5% respectively.
- For ages 15-20, 51% of Montana highway fatalities for our youth were alcohol related in 2001, versus a national average of 38.1%.
- 77% of all highway fatalities in the US occurring between midnight and 3:00 a.m. were alcohol related.
- About 3 in every 10 Americans will be involved in an alcohol-related crash at some time in their lives.
- More than 20 percent of alcohol-related traffic deaths involve BAC levels below .10%.
- Those under age 21 commit 15 percent of all DUI offenses in Montana. Youth Risk Behavior Survey (www.opi.state.mt.us/index)
- In 1999, 23% of Montana's high school students drove a vehicle after drinking alcohol compared to 13% nationwide. (Report by Governor's Task Force on Alcohol, Tobacco, and Other Drugs, p. 11)

Prepared by Bill Muhs, President
MADD-Gallatin County

MADD in Montana

By Bill Muhs, President of MADD—Gallatin County

Mothers Against Drunk Driving is a grassroots non-profit founded in 1980. It has approximately 600 affiliates and 2 million members and supporters nationwide. Currently, there are three MADD chapters in Montana—in Fergus, Gallatin, and Yellowstone Counties. The Montana Chapter has been very active during the last sixteen months, focusing primarily on changes to our DUI and underage drinking laws.

Our efforts really began when we met with Governor Judy Martz in September 2001 to request that she appoint a DUI Task Force. Several months later, she and Attorney General Mike McGrath formed the Governor's Task Force on Alcohol, Tobacco, and Other Drugs. The Task Forces' recommendations were presented to the Governor and Attorney General on September 25, 2002 in a ceremony in Helena. These recommendations included 15 strategies for combating drunk-driving and underage drinking in Montana. MADD strongly believes that a comprehensive approach can have profound impacts that include saved lives and the prevention of needless injuries.

By almost any measure, Montana is one of the worst states for alcohol-related fatal crashes and underage drinking, as evidenced by our recent grade of "F" by Mothers Against Drunk Driving Rating the States Report Card.

MADD Supports Legislation

- Enact .08 Blood Alcohol Concentration (BAC) per se law with equalized penalties for DUI conviction and per se conviction.
- Enact statewide open container law making it illegal to possess any open alcoholic beverage or to consume alcoholic beverages in a motor vehicle on public highways.
- Enact strict repeat DUI offender laws that meets Federal guidelines; apply vehicle sanctions to repeat DUI offenders, high BAC, and DWS if from drunk driving.
- Enact Administrative License Revocation (ALR) law that revokes drivers license at time of arrest for BAC test failure or refusal to take BAC test.



- Enact Vehicular Homicide and Aggravated DUI law.
- Increase mandatory fine for 1st time DUI to \$1,000 with monies earmarked for local prevention, treatment, DUI enforcement, and statewide DUI tracking system.
- Enact law that requires mandatory, automatic BAC testing for crashes involving fatalities or serious injuries.
- Strengthen Minor In Possession (MIP) laws to include mandatory drivers license suspension, parental involvement, community service, and higher fines; statewide MIP tracking system; keg registration.
- Increase penalties for BAC test refusal.

MADD's National President, Wendy Hamilton, spent an entire week in Montana in early January. She traveled throughout Western Montana and spent two days in Helena meeting with key state officials, including Governor Judy Martz. Wendy also challenged legislators to pass key DUI bills. MADD has made tremendous progress in a short period. To find out how you can assist with MADD's efforts, contact Bill Muhs at MADD-Gallatin County at 585-4225 or visit www.madd.org/mt/gallatin.

—Bill Muhs represented MADD on the 17-member Governor's Alcohol, Tobacco and Other Drug Policy Task Force.

The 21st Century

By Gary Pfister, Montana Office of Public Instruction

EXTRA, EXTRA – Read All About It!

21st Century Community Learning Center Program transitions from the federal Department of Education to the Montana Office of Public Instruction

As a result of the *No Child Left Behind Act of 2001*, the Office of Public Instruction has assumed responsibility for administering the 21st Century Community Learning Center Program for the State of Montana. Through this program, community learning centers are able to provide academic enrichment opportunities for children, and to offer literacy and other educational services to families. The program targets students who attend high-poverty, low-performing schools. The purpose is to make safe and drug-free environments for students of all ages available during times when school is not in session. 21st Century Community Learning Centers can be located in schools or other accessible, and are designed to provide a range of services to support student learning, provide enrichment activities and services, and integrate and strengthen existing prevention programs. Local needs dictate the way projects are developed, and applicants are strongly encouraged to initiate active partnerships that include eligible schools and community organizations of all types.

U. S. Department of Education funds were awarded to states by formula. Montana's FY '02 allocation provided approximately \$1.4 million, to be distributed through a competitive grant process. The announcement for Montana's 21st CCLC application was released in the summer of 2002. By the October 4th deadline, forty-one applications had been received. After a regional review process, ten (10) projects were funded for centers in Arlee, Billings, Box Elder, Brockton, Butte, Darby, Glasgow, Hardin, Livingston, and Stevensville. A total of \$1,420,666 was awarded for the 2002-2003 Program Year. Based on measurable progress and the availability of funding, these programs will receive comparable support for the next four years.

Grant recipients are in various stages of hiring staff, preparing facilities and

implementing the goals and objectives of their out-of-school time programs. Considerable time and effort will be devoted to coordinating services and activities with the regular school day agenda and to effectively utilizing the resources of partnering agencies. A national training session for project directors and selected 21st CCLC staff members and partners was conducted in Douglas, Wyoming on February 13th and 14th. The training was available as a result of Montana's partnership with the National Center for Community Education, with support from the C. S. Mott Foundation.

Montana's 21st Century Community Learning Center allocation for FY '03 provides for an additional funding cycle. The grant announcement for the 2003-2004 Program Year will be released by late February 2003. Applicant training workshops are planned on a regional basis. The deadline for completed applications has been tentatively established as May 16. All future program years will run from July 1 through June 30.

—For additional information about Montana's 21st Century Community Learning Center Program, contact Gary Pfister at the Office of Public Instruction in Helena. Telephone (406) 444-3000 or e-mail gpfister@state.mt.us

Great Websites

Wyoming's Comprehensive
Anti-Drug Plan

<http://www.jointogether.org/sa/news/features/reader/0,1854,555304,00.html>

Census/School District Population and
Poverty Estimates

<http://ceic.commerce.state.mt.us/PovertyEstimates.html>.

Department of Education's No Child
Left Behind

<http://www.nclb.gov/>

Public Education Network's Action
Guide for Community and Parent
Leaders

<http://www.publiceducation.org>

Replacing Initial Grants

<http://www.financeproject.org/ftips.htm>

The SAMHSA Prevention Center

<http://www.samhsa.gov/preventionpartners>

The Survival Guide for Parents of Teens

www.co.missoula.mt.us/healthpromo

21st Century

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Fatherhood and the Head Start Collaboration

By Mary Jane Standaert, Director, MT Head Start/State Collaboration Project



When it comes to prevention, it is often most effective to work with the entire family instead of individual members. Head Start has long recognized the value of parental and family involvement—not only for the child, but for family members and the program.

Coming together

The Collaboration Office was awarded an AmeriCorps planning grant that provided the resources necessary to bring interested Head Start, Early Head Start and Child Care Resource and Referral Agencies together. These stakeholders learned about AmeriCorps and strategized how AmeriCorps members could best assist with addressing the federal initiatives.

The Denver Regional Office offered small grants to Head Start and Early Head Start programs to further their efforts to address the initiatives. The programs that were funded focused on fatherhood, literacy, and youth development. Ours focused on *fatherhood*.

What was needed

In an effort to assist Head Start programs address multiple new federal Initiatives, the Collaboration Office welcomed a VISTA (Volunteers In Service To America) January 2002. Together, we have made a concerted effort to clarify the federal initiatives and to illustrate them with possible activities and partnerships.

Through initial surveys, we realized that program staff needed much more information about all of the initiatives, but specifically about *fatherhood*: What did it mean...what could they do differently... what resources were available... weren't they *already* doing enough? The questions were endless.

The Head Start Collaboration Project hosted the Montana Fatherhood Summit in October, and 135 people attended. They came for information and left motivated and inspired. Together they had begun a strategic plan. Programs, agencies and many *fathers* were appreciative of the fo-

cus and sensitive to the ways those issues relate to family well-being.

Parent involvement means *both* parents, whenever possible. Fathers sometimes need different help or more encouragement than mothers, but fathers and father substitutes make a huge difference in children's lives—and in the operation of the programs that serve them. The Fatherhood Summit gave all of us an opportunity to uncover resources and best practices already in place in Montana.

The child is nested in a group of family members, whether they live together or not. That family is nested in a community. If we can help family members support one another, families, communities and our state all benefit.

We are very excited about our work with AmeriCorps—and about finding new and different resources to assist Head Start and other early childhood programs as they include and support parents.

A few outstanding local resources:

Missoula—John Sommers-Flanagan and Philip Mamalakis from Families First

Naomi Thornton and Ron Liszak from Futures at Word, Inc.

Chris Johnson of MT Legal Services

Helena—Lisa Murphy and Sheila Hogan from Career Training Institute

Beth Satre of MT Coalition Against Domestic and Sexual Violence

Kalispell—Ted Berg

Bozeman—Adie Foster from Prevent Child Abuse

Polson—Lori Lasche from Cherry Valley School

Great Falls—Deb Kottel from the University of Great Falls. Deb started a program for the children of incarcerated parents.

Browning—Christy Horn from Blackfeet Head Start

For further reading:

The Fatherhood Initiative Resource

Guide can be ordered from the Head Start Information and Publication center—
(202)737-1030 ext. 222.

Helpful Websites or email addresses:

Mark Elliott—Fatherhood Specialist
for CDI Region VIII Head Start
Quality Improvement Center
— melliott@cditeam.org

National Center for Fathering
— www.father.com

National Fatherhood Initiative
— www.fatherhood.org

The Father's Network
— www.fathersnetwork.org

National Practitioners Network
for Fathers and Families
— www.npnff.com

Are You Making Headlines or Reading Them?

Enhancing Prevention by Generating News Coverage

By Jeff Linkenbach, Ed.D., MOST of Us™ Program Director

Generating press coverage for your health promotion projects is critical. It can build public awareness of your services, generate interest among stakeholders and educate legislators about the value of your work. Even so, we often find it difficult to publicize our efforts, whether because we don't have the time, resources or training to create a media strategy.

The MOST of Us™ Campaign, housed within the Department of Health and Human Development at Montana State University-Bozeman, has created a tool kit called *The Main Frame* that provides resources for generating news coverage and impacting the public debate when it comes to issues of health and safety. Most of the examples used in the guide are related to alcohol use, but many of the strategies and talking points are relevant to tobacco and other drug use prevention as well.

In the fields of prevention and health promotion, often our only efforts to generate publicity are reactive instead of proactive. We are forced to react to a tragedy or must formulate a response to a damaging report or statistic. This guide emphasizes the need to create proactive media strategies that will allow you to frame and define your work, your issue, and your organization before others do it for you. This is critical because in press relations, "the frame" that a story is given generally establishes the tone of public conversation.

The Main Frame uses the social norms approach to prevention, which is based upon sound social science, accuracy in reporting and positive messages. The social norms approach, listed by the *New York Times Magazine* as one of the most significant ideas of 2001, is providing an effective alternative to traditional prevention strategies. Projects all over the country have used this science-based approach to achieve statistically significant behavioral change. The MOST of Us Campaign is at the forefront of this initiative. MOST of Us has achieved results in Montana and else-



where by decreasing drinking and driving and teen smoking, and by increasing adult seat belt use.

In relating to the press it is critical to stress the positive attitudes and healthy behaviors that are the norm for a whole range of health and safety issues. While there are many resources that discuss how to generate news, *The Main Frame* is the first guide to cultivating press coverage using the social norms approach.

Our efforts to promote the work we do must become stronger, more sophisticated and more proactive. By generating our own press coverage, we can foster a frame for public health issues based upon accurate portrayals of community norms. For example, the "everybody's doing it" and "students are out of control" themes would shift to the more positive and accurate themes highlighting the majority of people who practice healthy behavior. Of course, this needs to be done without minimizing the seriousness of issues.

—In order to access more information about social norms and the MOST of Us™ Campaign, please visit www.mostofus.org or call 406.994.7873.

The Main Frame is available free of charge at <http://www.mostofus.org/pub/tools/TheMainFrame.pdf>

This resource can be used in several ways:

- to help your project develop an overall strategy to generate press coverage,
- to create a complete project-specific press kit,
- to generate one-time news events such as a news conference or op-ed,
- to respond to requests from the press, and
- to counteract skewed and off-balanced coverage of health issues.

The opinions expressed herein are not necessarily those of The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services.

The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services attempt to provide reasonable accommodations for any known disability that may interfere with a person participating in this service. Alternative accessible formats of this document will be provided upon request. For more information, call AMDD at (406) 444-1202, 1-800-457-2327 or the Prevention Resource Center at (406) 444-5986.

Montana Children's Trust Fund

By Sara Lipscomb

Prevention works! Early intervention and support with families and children results in cost savings for the health, education, judicial, and correctional systems because adults who were abused or neglected as children are more likely to be unemployed, underemployed or to rely on public assistance. This translates into a lower earnings and fewer tax dollars. An investment in prevention provides dividends for years.

In 1985, the Montana legislature created the Children's Trust Fund (CTF) to provide support to Montana's local child abuse and neglect prevention programs. The Trust Fund is comprised of seven vol-

unteers appointed by the Governor, each of whom represents a different region of the state.

The mission of the Trust Fund is to provide grants and technical support to prevent child abuse and neglect through proven primary prevention strategies. For the past five years, CTF has funded a program for children of incarcerated parents in cooperation with the Montana Women's Prison in Billings. In 2002, funding will be provided to a similar program for inmates in Missoula's regional jail and prerelease center. Programs like these provide continuity of family support services for a high-risk population.

All programs funded are strictly voluntary. Parents must be involved in design, implementation and evaluation. All

grants require a community match and an evaluation of services.

The Montana Children's Trust Fund is a public/private partnership administratively housed within state government and governed by citizen volunteers. Funding comes from voluntary contributions, the Montana Income Tax check-off for child abuse prevention, a federal prevention grant and a one-time allocation of TANF Emergency Assistance dollars.

—For more information on the Montana Children's Trust Fund, how to apply for funding or the projects we support, please contact Sara Lipscomb, Montana Children's Trust Fund Technical Assistance Specialist, at 406-728-9449 or mcf@montana.com.

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Prevention
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Health Services Administration

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